OVERVIEW OF SURVEY

Overview of Survey

Introduction

The Pregnancy Risk Assessment Tracking System (PRATS) is a survey of new mothers in Idaho, conducted by the Bureau of Health Policy and Vital Statistics. PRATS was modeled after the Centers for Disease Control and Prevention's (CDC) Pregnancy Risk Assessment Monitoring System (PRAMS), a cooperative program that began in 1987 between selected states and the CDC.

The purpose of PRATS is to establish a population-based tracking system to identify selected maternal experiences and behaviors before, during, and after pregnancy which may affect pregnancy outcomes and infant health. PRATS data are meant to supplement information from vital records and to generate data for planning and assessing perinatal health programs in Idaho.

PRATS provides information about the intendedness of pregnancy, timing of initiation of prenatal care, content of prenatal care, barriers to services, prevalence of physical abuse of pregnant women, breastfeeding patterns, and many other important perinatal issues.

The privacy and confidentiality of mothers who took part in PRATS is a high priority; therefore, no identifying information about a specific respondent will appear in any report. Results are published using only state-level estimates.

The Sample

The study population for PRATS included Idaho resident women 18 years of age or older (at the time of delivery) who had a live birth which occurred in-state. The sampling frame included mothers who gave birth between February 1, 2001 and July 31, 2001. During the survey period, infants were between 3 and 12 months of age.

Certain records were automatically excluded from the sampling frame, including records of mothers less than 18 years of age at the time of delivery, adopted infants, and infants who had died. Idaho resident mothers who delivered in another state were excluded from the sampling frame. In addition, if there was a multiple birth (twin, triplet, etc.), only the firstborn infant was included in the sampling frame.

The sample design of PRATS was based on stratified systematic random sampling methods designed to ensure representation of selected groups of women. There were four strata: high-risk mothers with a low birth weight live birth (< 2,500 grams), high-risk mothers with a normal birth weight live birth (at least 2,500 grams), low-risk mothers with a low birth weight live birth, and low-risk mothers with a normal birth weight live birth.

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Women who initiated prenatal care after the first trimester or did not go for care were considered high risk. Women in each of the four strata had a different probability of being selected. Records were sampled using the following sampling fractions:

Idaho PRATS
Sampling Fraction by Sampling Stratum
2001

SAMPLING STRATUM	SAMPLING FRAME	SAMPLE	SAMPLING FRACTION
TOTAL	9,688	2,149	1 in 5
High-risk AND low birth weight	86	86	1
High-risk AND normal birth weight	1,469	884	1 in 2
Low-risk AND low birth weight	412	314	1
Low-risk AND normal birth weight	7,721	865	1 in 9

Survey Methods

Between November and December 2001, 2,149 new mothers from across the state of Idaho, selected by stratified systematic random sampling, were mailed an introductory letter requesting their participation in the PRATS survey. The introduction letter explained the purpose of the survey and provided a toll-free number to call for more information or to request a telephone interview. The mothers were also given the opportunity to decline participation by sending back the bottom section of the letter.

Approximately two weeks after the introductory letter was mailed, a full questionnaire packet was sent. Hispanic mothers were mailed both an English and Spanish version of the survey. In order to give women every opportunity to complete the questionnaire, up to two more survey packets were mailed out during the course of a two-month period. Women were able to elect to complete the survey over the telephone with an experienced interviewer (English or Spanish). For women who did not respond, attempts were made to contact them by telephone. This survey strategy had been tested by the CDC PRAMS project and has proved to be very successful in achieving high response rates and obtaining valuable information about the health of mothers and babies.

Eligibility Rates, Refusal Rates, and Response Rates

After the 2,149 introduction letters were mailed, 2,124 women were identified as eligible for the survey, or 98.8 percent. The total eligible sample was defined as the total sample minus the mothers excluded before the first mailing due to one of the following reasons: mother indicated that she did not want to participate and, therefore, never received a survey packet, baby died, or baby was given up for adoption. The overall refusal rate was 1.9 percent, computed as the number of women who refused the survey during the mail or telephone phase divided by the eligible sample.

The overall response rate was 70.9 percent, computed as the number of completed surveys (1,505) divided by the total eligible sample (2,124). The response rates varied by sampling stratum. The stratum of low-risk mothers who had a normal birth weight baby had the highest response rate of 79.1 percent. The stratum of high-risk mothers who had a low birth weight baby had the lowest response rate of 59.5 percent.

Completion Rates by Survey Phase

Of the 1,505 completed surveys, 87.9 percent (1,323) were completed by mail (paper-pencil) and 12.1 percent (182) were completed by telephone (see following table). The first mailing had the highest return, accounting for 62.4 percent of all completed surveys. Returns from the second mailing accounted for 12.3 percent of completed surveys, and the third mailing accounted for 13.2 percent of completed surveys. The telephone phase, accounting for 12.1 percent of completed surveys, was an important tool for reaching women with low education, low income, younger age, and/or Spanish speaking. Among Hispanic women who completed a survey, 55.6 percent either filled out a Spanish-version of the paper-pencil survey or completed a telephone interview in Spanish.

Idaho PRATS
Percent Distribution of Completed Surveys
By Survey Phase
2001

SURVEY PHASE	NUMBER COMPLETED	PERCENT COMPLETED
Total	1,505	100.0%
Mail phase	1,323	87.9%
Mailing 1	940	62.4%
Mailing 2	185	12.3%
Mailing 3	198	13.2%
Telephone phase	182	12.1%

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Weighting the Data

The data presented in this report were weighted to adjust for the stratified sampling design and response differentials based on mother's marital status, education attainment, and trimester of entry into prenatal care. Weighting is required when analyzing survey data in order to produce unbiased estimates. Therefore, each respondent was given an analysis weight to adjust for the sampling design and non-response.

Using the Data in This Report

This report is divided into twelve main topic areas: intendedness of pregnancy, household income and health insurance, Medicaid utilization, prenatal health care, maternal infections, maternal weight and nutrition, tobacco and alcohol use, labor and delivery, postpartum depression, breastfeeding, physical abuse, and infant health and safety. An additional section, "PRATS 2001: Main Findings", highlights significant findings from the linked PRATS and birth certificate data file. The last section of the report provides the survey questionnaire and the results for each question.

The data presented in this report are basic descriptive and cross-tabulation statistics displayed in graphs and narrative form. Although specific point estimates are provided (proportions and means), it is important to keep in mind that the data are affected by sampling variability and random error. Standard errors were not included in this report but are available upon request. Proportions and means presented in this report were always based on a denominator of at least 30 observations (not weighted).

Another important issue to keep in mind when interpreting the results in this report is that data from PRATS are representative of Idaho resident adult mothers who had a live birth in Idaho between February 1, 2001, and July 31, 2001. Even though the data do not reflect the experiences of women whose babies died or were given up for adoption, much of the PRATS data are not available from other sources and, therefore, provide unique insight into maternal and infant health issues in Idaho.

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